

established by the Department, pursuant to 89 Il. Adm. Code 140.493, or the Medicare allowable rate.

Emergency helicopter trips will be reimbursed using an all-inclusive rate depending upon whether the services are for transport team only, helicopter only or transport team and helicopter services.

Helicopter transportation providers who own the helicopter and provide their own transport team will be reimbursed at a maximum rate per trip or the usual and customary charges, whichever is less.

If a hospital provides the transport team but does not own the helicopter, the Department will equally divide the established reimbursement rate or the usual and customary charges of the providers, whichever is less, between the hospital and the helicopter provider.

Hospitals that own their own helicopter and report its costs on their cost reports will not be paid for helicopter transportation services. The Department shall not cover the services of helicopter transportation providers that have entered into payment agreements with receiving facilities.

Emergency helicopter transportation claims that are denied because the patient's condition does not meet medically necessary criteria, will be reimbursed by the Department at the appropriate ground rate.

Ambulance trips will be reimbursed using a base rate and a loaded mileage rate. When Basic Life Support (**BLS**) is provided, claims made for the administration of oxygen when medically necessary, will be paid at a maximum rate established by the Department, pursuant to 89 Il. Adm. Code 140.492.

Advanced Life Support (ALS) trips will be reimbursed using a base rate, loaded mileage rate, oxygen when medically necessary, and all ancillary charges at an all-inclusive maximum rate established by the Department, pursuant to 89 Il. Adm. Code 140.492. Payment for ALS is only made to providers who are certified for the service by the Illinois Department of Public Health.

- = **Medicar** trips will be reimbursed using a base rate and a loaded mileage rate, pursuant to 89 Il. Adm. Code 140.492. Refer to T-210.1 for the Department's policy on billing mileage for additional passengers. Payment for an attendant, who is a person other than the driver, and non-emergency stretcher will be made at a maximum rate established by the Department, pursuant to 89 Il. Adm. Code 140.492. Refer to T-210.6 for the Department's policy regarding attendants.
- = **Service Car** trips will be reimbursed at a base rate and a loaded mileage rate, pursuant to 89 Il. Adm. Code 140.492. Refer to T-210.1 for the Department's policy on billing mileage for additional passengers. Payment for an attendant, who is a person other than the driver, will be made at a maximum rate

established by the Department, pursuant to 89 Il. Adm. Code 140.492. Refer to T-210.6 for the Department's policy regarding attendants.

Taxicab trips will be reimbursed at the community rate, as set by local government or if no regulated local government rates exists, at a maximum rate established by the Department, pursuant to 89 Il. Adm. Code 140.492. Payment for an attendant, who is a person other than the driver, will be made at a maximum rate established by the Department, pursuant to 89 Il. Adm. Code 140.492. Refer to T-210.6 for the Department's policy regarding attendants.

Private Auto trips will be reimbursed at a loaded mileage rate as set by the Department, pursuant to 89 Il. Adm. Code 140.492.

Unique or Exceptional Modes of Transportation may be reimbursed at a negotiated rate.

Billing of excess mileage is not allowed. In performing audits, the Department verifies mileage with a travel route software package.

T-202.5 FEE SCHEDULE

The Department's list of allowable procedure codes by provider type are listed on the Department's Web site. The listing can be found at

<http://www.hfs.illinois.gov/reimbursement/>

Paper copies of the listings can be obtained by sending a written request to:

Healthcare and Family Services
Bureau of Comprehensive Health Services
201 South Grand Avenue East
Springfield, IL 62763-0001

The fee schedule is also available electronically. The Department maintains a downloadable rate file suitable for use in updating a provider's computerized billing system. This file is located in the same area on the Department's Web site as the listings described above. A copy of this file can also be obtained by sending a blank 3.5 inch IBM PC compatible diskette, a written request and a self-addressed, prepaid diskette mailer to the address listed above.

Procedure codes and reimbursement rates for each transportation provider are listed on the Provider Information Sheet. Anytime a change in procedure codes or rates is made, the provider will receive an updated provider information sheet.

- Participants are not limited to in-network providers for family planning services. If the participant seeks family planning services outside of the MCO network, then the Department's transportation approval agent must be contacted for approval of the transport rather than the MCO. Refer to Topic T-211.
- Transport for services not covered by the MCO plan, such as, dental and vision services. Contact the Department's transportation approval agent. Refer to Topic T-211.

T-210.5 DEPARTMENT OF CHILDREN AND FAMILY SERVICES WARDS (DCFS)

Special procedures are used to approve non-emergency medical transportation for children who are in the care and custody of the Illinois Department of Children and Family Services (DCFS). Except for children receiving Screening, Support and Assessment Services (SASS), only DCFS medical liaisons may make non-emergency medical transportation arrangements for DCFS wards.

For children enrolled in the SASS program, SASS must authorize non-emergency medical transportation arrangements for services prescribed in their SASS treatment plan. If a transportation provider experiences difficulties in securing approval from the SASS provider for a non-emergency transport of a DCFS child to a SASS-related covered medical service, the provider may contact the DCFS medical liaison to request assistance. To identify the DCFS medical liaison, contact the child's DCFS caseworker or DCFS at 1-800-228-6533 to request the name and phone number of the medical liaison located in the DCFS ward's region.

T-210.6 COVERAGE OF AN EMPLOYEE ATTENDANT AND A NON-EMPLOYEE ATTENDANT

An employee attendant is defined as a person, other than the driver, who is an employee of a medicar company. A non-employee attendant is defined as a family member or other individual who may accompany the participant when there is a medical need for an attendant.

- = An **employee attendant** or a **non-employee attendant** is a covered service when the mode of transportation is a medicar, service car, or taxicab, and the circumstances constitute a medical necessity, as provided below.

The Department will pay for an attendant to accompany an eligible patient to and from the source of a covered medical service in the following circumstances:

- To go with the patient to a medical provider when needed, such as parent going with a child to the doctor or when an attendant is needed to assist the patient;

- To participate in the patient's treatment when medically necessary; or
- To learn to care for the patient after getting out of the hospital. The Department does not pay for transportation of family members to visit a hospitalized patient.

The use of an employee and a non-employee attendant is subject to prior approval in all situations except for those non-emergency trips described in Topic T-211. In the instances that prior approval is not required for an attendant, medical necessity must be documented in the record.

The Department's authorized approval agent may request documentation of medical necessity.

- = The attendant procedure code(s) used to bill for employee and non-employee attendants is contained in section 6 of the Provider Information Sheet. Refer to Appendix T-3a for a facsimile of the Provider Information Sheet.